

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH  
1. County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or  
City of Globe

State Index No. 168  
County Registrar No. 126  
Local Registrar No. 126  
Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Carol Janet Webb  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child f. To be answered ONLY in event of plural births. 4. Twin, triplet or other. 2 5. No., in order of birth 2 6. Legitimate? Yes 7. Date of birth June 20th 1927  
Month Day Year

8. FATHER  
Full name Fernis E. Webb  
9. Residence Globe, Ariz.  
(Usual place of abode)  
If non-resident, give place and state.

10. Color or race W.  
11. Age at last birthday 48 (Years)

12. Birthplace (city or place) Bedford  
(State or country) Iowa

13. Occupation Supt. of Schools  
Nature of industry

14. MOTHER  
Full maiden name Evelyn Robertson  
15. Residence Globe, Ariz.  
(Usual place of abode)  
If non-resident, give place and state.

16. Color or race W.  
17. Age at last birthday 38 (Years)

18. Birthplace (city or place) Attinson  
(State or country) Nebr.

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn 21. Were precautions taken against oph-  
thalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Clarence Ginter (Physician or midwife).  
Address Globe Ariz.

Given name added from a supplemental report. Month, day, year 362-620-295  
Filed 6-30 1927 Local Registrar. W. V. Hart  
County Registrar.